



11-06-03

2813

Attorney Docket No. MTI-31529

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Ronald A. Weimer
Serial No. : 09/935,255
Filing Date : August 22, 2001
For : Method of Composite Gate Formation
Group Art Unit : 2813
Examiner : CHEN, Jack S. J.
Confirmation No. : 1208

CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that, on the date shown below, this correspondence is being deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231 as "Express Mail Post Office to Addressee" Mailing Label No. EV 326237722 US.

Date: NOV 5, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
- Response to Fifth Requirement for Restriction
 - Supplemental Information Disclosure Statement
Form 1449/PTO
Copy of reference (1)
 - Return Postcard

STATUS

2. Applicant is a large entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

☒ Applicant believes that no extension of term is required. However, if an extension of time is required, please consider this a petition therefor.

☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136 for the total number of months checked below [fees: 37 C.F.R. 1.17(a)(1)-(4)] :

Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 390.00	\$ 195.00
<input type="checkbox"/> three months	\$ 890.00	\$ 445.00
<input type="checkbox"/> four months	\$ 1,390.00	\$ 695.00

Fee: \$0.00

If an additional extension of time is required, please consider this a petition therefor.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Claims Remaining After Amendment		Highest No. Previously Paid For		Rate (Small Entity)	Additional Fee or	Rate (Large Entity)	Additional Fee
Total	106	Minus	106	=	x 9= \$	\$	0 x 18
Independent	45	Minus	45	=	x 42= \$	\$	0 x 84
							\$ 0.00
							\$ 0.00

FIRST PRESENTATION OF MULTIPLE DEP CLAIM

TOTAL
ADDIT. Fee \$

or TOTAL
ADDIT. Fee \$ 0.0

c. ☒ No additional fee for claims is required.

d. ☐ Total additional fee for claims required \$

FEE DEFICIENCY

5. ☒ If any additional extension and/or fee is required, charge Account No. 23-2053.

☒ If any additional fee for claims is required, charge Account No. 23-2053.

Date: November 5, 2003

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